Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

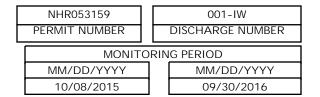
NAME: ' NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

Impaired Water External Outfall

MINOR

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 8				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100 mL		Annual	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEP	HONE	DATE
Susan Brown/ Quality-Compliance Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		1/03/2010
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This is a non-industrial outfall. No manufacturing occurs within this drainage area.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

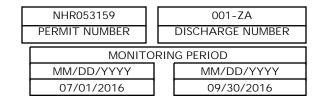
NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEP	HONE	DATE
Susan Brown/ Quality-Compliance Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		1/30/2010
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This is a non-industrial outfall. No manufacturing occurs within this drainage area.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 002-IW
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
10/08/2015 09/30/2016

DMR Mailing ZIP CODE: 03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	*****	****	*****	*****	NODI F				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	****	****	****	****	****	NODI F				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI F				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	NODI F				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. MAXIMUM	MPN/100 mL		Annual	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Susan Brown	TELEPI	HONE	DATE
Susan Brown/ Quality-Compliance Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		1/03/2016
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Drought conditions in the region persisted.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

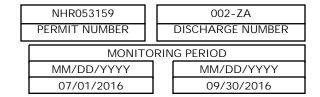
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.08	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEP	HONE	DATE
dustri Brewiii, Quanty compilaries	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	1/30/2010	
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Per David Gray of the EPA, this report will show outfall 002 is monitored by a flow-weighted composite result of samples collected at storm drains 2-1 and 2-2 above the outfall due to inaccessibility of the outfall itself.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 003-IW
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
10/08/2015 09/30/2016

DMR Mailing ZIP CODE:

D

03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI F				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	****	****	****	****	****	NODI F				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI F				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI F				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. MAXIMUM	MPN/100 mL		Annual	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Susan Brown	TELEPI	HONE	DATE
Susan Brown/ Quality-Compliance Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		1/03/2016
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Drought conditions in the region persisted.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

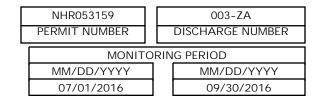
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	DADING QUALITY OR CONCENTRATION						FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.05	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEP	HONE	DATE
Susan Brown/ Quality-Compliance Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		1/30/2010
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Per David Gray of the EPA, due to the inaccessibility of the outfall 003, storm drain 3-1, above the outfall, is sampled and reported.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 004-IW
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
10/08/2015 09/30/2016

DMR Mailing ZIP CODE: 03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	*****	****	*****	*****	NODI F				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	****	****	****	****	****	NODI F				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI F				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	NODI F				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. MAXIMUM	MPN/100 mL		Annual	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Susan Brown	TELEPI	HONE	DATE
Susan Brown/ Quality-Compliance per hand with the susan Brown with the s	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		1/03/2016
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Drought conditions in the region persisted.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

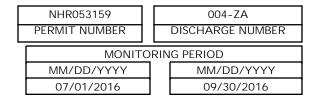
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.95	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Susan Brown	TELEPI	HONE	DATE
Susan Brown/ Quality-Compliance	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		1/30/201
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Per David Gray of the EPA, since outfall 004 is comingled with non-contact cooling water and therefore normally sampled above the outfall at storm drains 4-2, 4-3, and 4-4, the three drains are reported as a flow-weighted composite result. Sample point 4-1 should be reported as outfall 004a, but has no provision on this form Outfall 004a = 0.08mg/l. And sample point 5-1 is to be reported as outfall 005, but has no report form to date. Outfall 005 = 0.10 mg/l.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

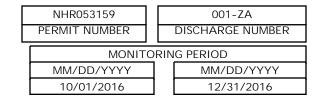
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	QUALITY OR CONCENTRATION				FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEPI	HONE	DATE
Susan Brown/ Quality-Compliance per the Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)1/27/201
TYPED OR PRINTED	amornation, meading the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This is a non-industrial outfall. No manufacturing occurs within this drainage area.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 002-ZA
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
10/01/2016 12/31/2016

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.173	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Susan Brown	TELEPI	HONE	DATE
Susan Brown/ Quality-Compliance pers	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)1/27/201
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Per David Gray of the EPA, this report will show outfall 002 is monitored by a flow-weighted composite result of sample collected at the storm drains 2-1 and 2-2 above the outfall due to inaccessibility of the outfall itself.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

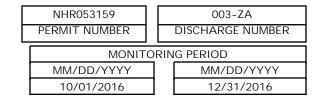
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.107	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEPI	HONE	DATE
Susan Brown/ Quality-Compliance per the Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)1/27/201
TYPED OR PRINTED	amornation, meading the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Per David Gray of the EPA, due to the inaccessibility of the outfall 003, storm drain 3-1, above the outfall, is sampled and reported.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 004-ZA
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
10/01/2016 MM/DD/YYYY
12/31/2016

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.762	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEPI	HONE	DATE
Susan Brown/ Quality-Compliance per the Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)1/27/201
TYPED OR PRINTED	amornation, meading the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Per David Gray of the EPA, since outfall 004 is comingled with non-contact cooling water and therefore normally sampled above the outfall at 4-2, 4-3 and , 4-4. The three drains are reported as a flow-weighted composite result. Sample point 4-1 should be reported as 004a, but has no provision in this form. Outfall 004A = 0.262mg/l. And sample point 5-1 is to be reported as 005, but has to report form to date. Outfall 005 = 0.188 mg/l.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

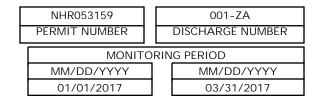
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEP	HONE	DATE
Susan Brown/ Quality-Compliance Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62)6/30/201	
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Outfall 001 is not considered industrial. There is no industrial activity in the drainage area to this outfall.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

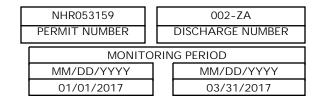
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

diiiig 2ii 00D2. 00

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.05	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I SUSAN BROWN	TELEPI	HONE	DATE
Susan Brown/ Quality-Compliance Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62)6/30/201	
TYPED OR PRINTED	anto maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

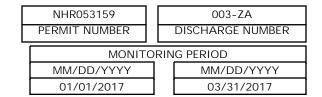
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG						FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.083	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

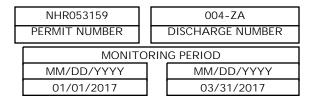
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.176	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

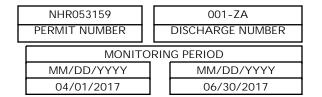
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

							FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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Susan Brown/ Quality-Compliance Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62)9/12/201	
TYPED OR PRINTED	amormador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Outfall 001 is not considered industrial. There is no industrial activity in the drainage are to this outfall.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

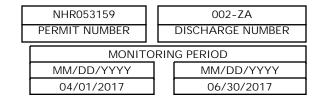
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

							FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62)9/12/201	
TYPED OR PRINTED	amornation, meading the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: 'NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 003-ZA

PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

04/01/2017 06/30/2017

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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Susan Brown/ Quality-Compliance Manager	Brown/ Quality-Compliance person or persons who manage the system, or those persons directly responsible for gathering the information the information the information.		(603)62)9/12/201	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) No qualifying event lasting long enough to sample the outfall.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

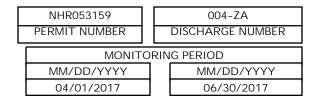
NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

Manchester, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			`	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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Susan Brown/ Quality-Compliance Manager	Brown/ Quality-Compliance person or persons who manage the system, or those persons directly responsible for gathering the information the information the information.		(603)62)9/12/201	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

001-IW NHR053159 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/30/2017 10/01/2016

DMR Mailing ZIP CODE:

03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 8				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
РН	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100 mL		Annual	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEP	HONE	DATE
Sames Bizarro, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		2/11/201
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Outfall 001 is not considered industrial. There is no industrial activity in the drainage are to this outfall.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

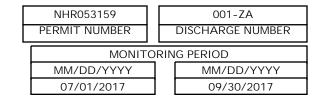
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			`	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEP	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		2/11/201
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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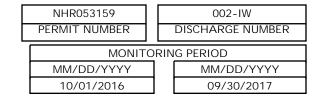
NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

Manchester, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 8				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
РН	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	MPN/100 mL		Annual	Grab

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James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150	2/11/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

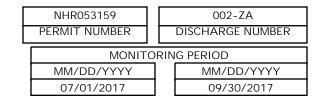
ADDRESS: 333 Sundial Avenue

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FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

							FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) No qualifying event lasting long enough to sample the outfall.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 003-IW PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2016 09/30/2017

DMR Mailing ZIP CODE:

03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI 8				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100 mL		Annual	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

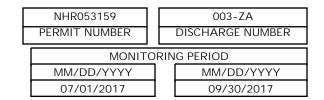
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified wersonnel properly qather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Jay Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		2/11/201
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) No qualifying event lasting long enough to sample the outfall.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 004-IW
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY
10/01/2016 09/30/2017

DMR Mailing ZIP CODE: 03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI 8				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100 mL		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lames Bizarro	TELEPI	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		2/11/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

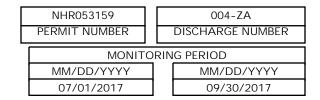
NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

Manchester, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEP	HONE	DATE
Sames Bizarro, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		2/11/201
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 001-ZA

PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2017 12/31/2017

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering he information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)3/15/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This is a non-industrial outfall. No manufacturing occurs within this drainage area.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

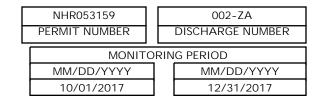
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI V				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I lettrev Slark	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)9/11/2019
TYPED OR PRINTED	amormador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

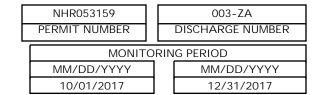
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI V				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I lettrev Slark	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)9/11/2019
TYPED OR PRINTED	amormador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 004-ZA
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
10/01/2017 MM/DD/YYYY
12/31/2017

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI V				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jeffrey Slark	TELEP	HONE	DATE
Sames Bizarre, Trestaeth and Sze	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)9/11/2019
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

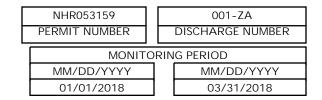
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI A				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Iames Bizarro	TELEP	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)5/25/2018
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This is a non-industrial outfall. No manufacturing occurs within this drainage area.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

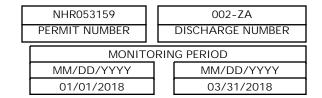
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI V				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified wersonnel properly qather and evaluate the information submitted. Based on my inquiry of the	Jeffrey Slark	TELEPI	HONE	DATE
James Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering he information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627	7-5150)9/11/2019
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

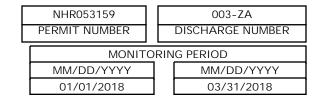
NAME: 'NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	****	****	NODI V				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Jeffrey Slark	TELEP	HONE	DATE
Sames Bizarre, Trestaeth and Sze	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)9/11/2019
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

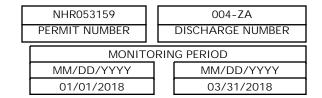
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI V				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I lettrev Slark	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)9/11/2019
TYPED OR PRINTED	amormador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 001-ZA
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
04/01/2018 06/30/2018

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI A				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Iames Bizarro	TELEP	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)7/31/2018
TYPED OR PRINTED	antoniation, meading the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This is a non-industrial outfall. No manufacturing occurs within this drainage area.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

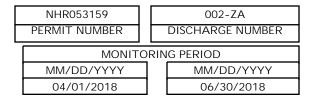
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.123	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I lettrev Slark	TELEPI	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150	2/13/2018
TYPED OR PRINTED	anto menor, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A make-up stormwater monitoring event was conducted on September 25, 2018.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

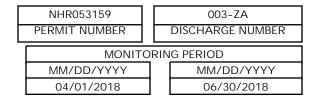
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

							FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.111	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I IETTRY SIARK	TELEP	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		2/13/2018
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A make-up stormwater monitoring event was conducted on September 25, 2018.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

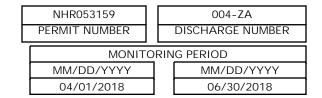
NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.305	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Jeffrey Slark	TELEPI	HONE	DATE
James Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627	7-5150	2/13/2018
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A make-up stormwater monitoring event was conducted on September 25, 2018.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 001-IW
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
10/01/2017 09/30/2018

DMR Mailing ZIP CODE: 03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	****	****	****	****	****	NODI A				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI A				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI A				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	MPN/100 mL		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Freshaeitt and Sze	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)9/27/2018
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Outfall 001 is not considered industrial. There is no industrial activity in the drainage are to this outfall.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

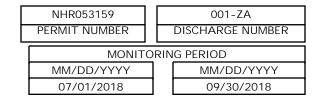
NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI A				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)9/27/2018
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Outfall 001 is not considered industrial. There is no industrial activity in the drainage are to this outfall.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

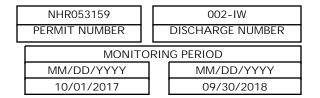
NAME: " NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	*****	****	*****	*****	78.4	%		Annual	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. MAXIMUM	%		Annual	Grab
РН	SAMPLE MEASUREMENT	****	****	****	****	****	6.56	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	.234	mg/L		Annual	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI A				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	MPN/100 mL		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)9/27/2018
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A statewide TMDL has been established for bacterial impaired waters in New Hampshire. NYCOA informed EPA of its stormwater discharge to the Merrimack River by filing an eNOI, and is awaiting additional instruction from the EPA. Until such time, NYCOA expects that compliance with the other conditions of the permit will control discharges as necessary to meet applicable water quality standards.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: 'NYLON CORP OF AMERICA

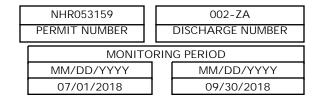
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.168	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	I Iames Bizarro	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)9/27/2018
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

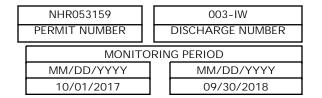
NAME: " NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	*****	****	73.1	%		Annual	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	****	****	****	****	****	8.04	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.094	mg/L		Annual	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	NODI A				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100 mL		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)9/27/2018
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A statewide TMDL has been established for bacterial impaired waters in New Hampshire. NYCOA informed EPA of its stormwater discharge to the Merrimack River by filing an eNOI, and is awaiting additional instruction from the EPA. Until such time, NYCOA expects that compliance with the other conditions of the permit will control discharges as necessary to meet applicable water quality standards.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

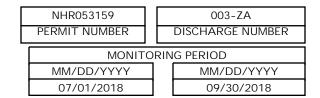
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.065	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)9/27/2018
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 004-IW DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2017 09/30/2018

DMR Mailing ZIP CODE:

03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	*****	****	105	%		Annual	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	****	****	****	****	****	7.85	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.486	mg/L		Annual	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI A				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100 mL		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Freshaeitt and Sze	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)9/27/2018
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORP OF AMERICA

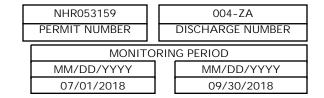
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.331	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)9/27/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 001-ZA
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
10/01/2018 12/31/2018

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI A				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150	1/15/2018
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Outfall 001 is not considered industrial. There is no industrial activity in the drainage are to this outfall.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 002-ZA
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
10/01/2018 12/31/2018

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN							FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.121	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627	7-5150	1/15/2018
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

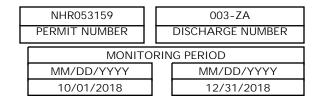
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.129	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627	7-5150	1/15/2018
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 004-ZA

PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

10/01/2018 12/31/2018

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.201	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627	7-5150	1/15/2018
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

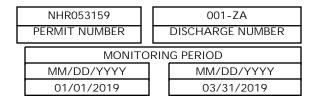
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI A				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Iames Rizarro	TELEP	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)4/26/2019
TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Outfall 001 is not considered industrial. There is no industrial activity in the drainage are to this outfall.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

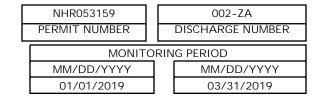
NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.105	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Samos Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627	7-5150)4/26/2019
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

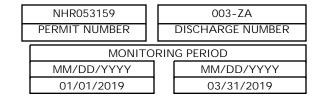
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

							FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.227	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
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TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 004-ZA
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
01/01/2019 03/31/2019

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	****	****	.309	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Samos Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627	7-5150)4/26/2019
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

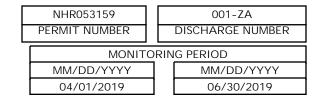
NAME: 'NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

Manchester, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI A				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEP	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)9/09/2019
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Outfall 001 is not considered industrial. There is no industrial activity in the drainage area to this outfall.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

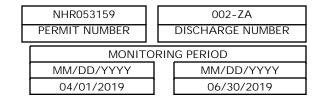
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	****	****	.096	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Samos Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627	7-5150)9/09/2019
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 003-ZA

PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

04/01/2019 06/30/2019

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	****	****	.152	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)9/09/2019
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

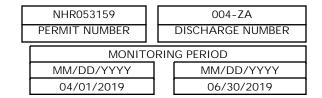
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.202	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)9/09/2019
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 001-IW
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
10/01/2018 09/30/2019

DMR Mailing ZIP CODE: 03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	****	****	****	****	****	NODI A				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI A				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI A				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	MPN/100 mL		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Bizarro	TELEPI	HONE	DATE
Sames Bizarre, Trestaeth and Sze	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		0/15/2019
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Outfall 001 is not considered industrial. There is no industrial activity in the drainage area to this outfall.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

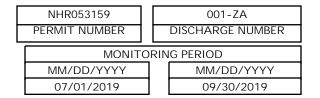
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI A				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Iames Rizarro	TELEP	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150	0/15/2019
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NHR053159

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

10/01/2018 09/30/2019

002-IW

DMR Mailing ZIP CODE: 03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI V				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	****	****	****	****	****	NODI V				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI V				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	NODI V				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MAXIMUM	MPN/100 mL		Annual	Grab

l .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lames Bizarro	TELEPI	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150	0/15/201
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 002-ZA
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
07/01/2019 09/30/2019

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI V				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		0/15/2019
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

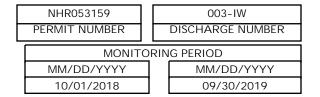
NAME: ' NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI V				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	****	****	****	****	****	NODI V				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI V				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI V				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MAXIMUM	MPN/100 mL		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Trestaent and SES	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		0/15/2019
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

 NHR053159
 003-ZA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2019
 09/30/2019

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI V				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Bizarro	TELEP	HONE	DATE
Sames Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150	0/15/201
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 004-IW
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
10/01/2018 09/30/2019

DMR Mailing ZIP CODE: 03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI V				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	****	****	****	****	****	NODI V				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI V				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	NODI V				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	MPN/100 mL		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Bizarro	TELEPI	HONE	DATE
Sames Bizarre, Trestaeth and Sze	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		0/15/2019
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

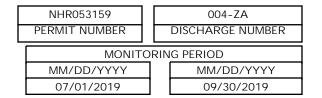
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI V				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Bizarro	TELEP	HONE	DATE
Sames Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150	0/15/201
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

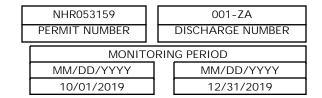
NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI A				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Iames Rizarro	TELEP	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)1/07/2020
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Outfall 001 is not considered industrial. There is no industrial activity in the drainage area to this outfall.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: 'NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 002-ZA
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
10/01/2019 12/31/2019

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI V				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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Sames Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)1/07/2020
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: 'NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 003-ZA

PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

10/01/2019 12/31/2019

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI V				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	.04 MAXIMUM	mg/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEP	HONE	DATE
Sames Bizarro, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)1/07/2020
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORP OF AMERICA

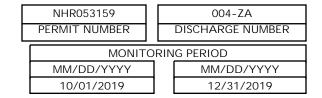
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI V				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

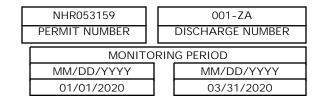
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI A				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)4/15/2020
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

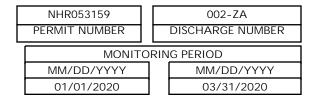
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.066	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)4/15/2020
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

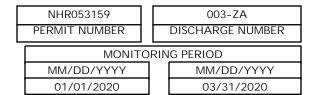
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.02	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Samos Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627	7-5150)4/15/2020
TYPED OR PRINTED	anto mador, medaling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

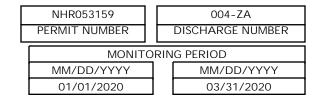
NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.107	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
Samos Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627	7-5150)4/15/2020
TYPED OR PRINTED	anto mador, medaling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

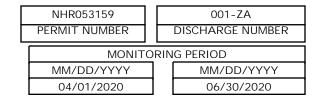
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	TY OR LOADING		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI A				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)7/27/2020
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: 'NYLON CORP OF AMERICA

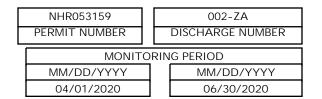
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.082	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
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TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

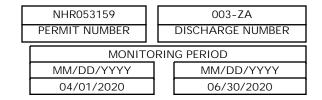
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.187	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627	7-5150)7/27/2020
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

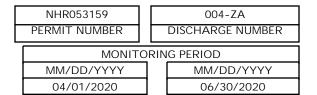
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

							FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.273	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I lames Bizarro	TELEP	HONE	DATE
James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)7/27/2020
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

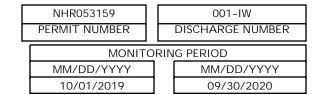
NAME: ' NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI A				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	****	****	****	****	****	NODI A				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI A				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	NODI A				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	MPN/100 mL		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lames Bizarro	TELEPI	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		1/30/2020
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

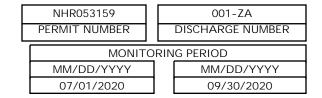
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION				SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI A				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150	1/30/2020
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

Manchester, NH 03103 MM/DD/YYYY 10/01/2019 MANCHESTER, NH 03103

NHR053159 002-IW DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY 09/30/2020

DMR Mailing ZIP CODE: 03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI V				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	****	****	****	****	****	NODI V				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI V				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI V				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. MAXIMUM	MPN/100 mL		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150		1/30/2020
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sampling was not conducted during the third quarter due to adverse weather conditions and timing of weather events. NYCOA will attempt to collect a makeup sample during the next qualifying rain event.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

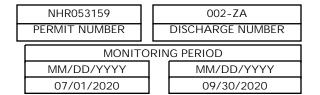
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.189	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
James Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627	7-5150	1/30/2020
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

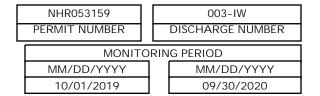
NAME: ' NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI V				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI V				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI V				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	****	*****	****	*****	****	NODI V				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. MAXIMUM	MPN/100 mL		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l lames Bizarro	TELEPI	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627	7-5150	1/30/2020
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sampling was not conducted during the third quarter due to adverse weather conditions and timing of weather events. NYCOA will attempt to collect a makeup sample during the next qualifying rain event.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

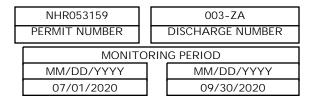
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.089	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150	1/30/2020
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

 NHR053159
 004-IW

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2019
 09/30/2020

DMR Mailing ZIP CODE: 03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI V				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	****	****	****	****	****	NODI V				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI V				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	NODI V				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	MPN/100 mL		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	lames Bizarro	TELEPI	HONE	DATE
Sames Bizarro, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150	1/30/2020
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sampling was not conducted during the third quarter due to adverse weather conditions and timing of weather events. NYCOA will attempt to collect a makeup sample during the next qualifying rain event.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: 'NYLON CORP OF AMERICA

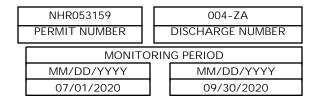
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.109	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150	1/30/2020
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

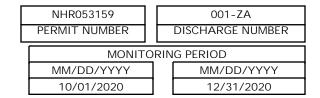
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI A				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	lames Bizarro	TELEPI	HONE	DATE
sames bizarre, rresident and sze	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)62	7-5150)2/24/202
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This is a non-industrial outfall. No manufacturing occurs within this drainage area.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: 'NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 002-ZA
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
10/01/2020 12/31/2020

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	****	****	.1	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
James Bizarro, Trestaent and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)2/24/202
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

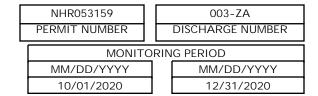
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.036	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	James Bizarro	TELEPI	HONE	DATE
James Bizarro/ President and CEO	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627	7-5150)2/24/202
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: NYLON CORP OF AMERICA

ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE MANCHESTER, NH 03103

NHR053159 004-ZA

PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

10/01/2020 12/31/2020

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. FREQUENCY OF ANALYSIS	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	*****	.19	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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James Bizarre, Tresident and 626	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)627-5150)2/24/202
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: NYLON CORP OF AMERICA

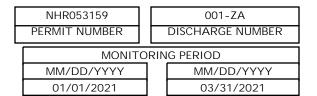
ADDRESS: 333 Sundial Avenue

Manchester, NH 03103

FACILITY: NYLON CORPORATION OF AMERICA

LOCATION: 333 SUNDIAL AVENUE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

							FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI A				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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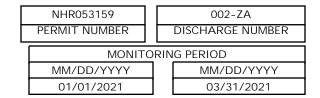
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LOCATION: 333 SUNDIAL AVENUE

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MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.114	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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FACILITY: NYLON CORPORATION OF AMERICA

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NHR053159 003-ZA

PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

01/01/2021 03/31/2021

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.272	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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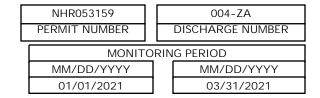
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Zinc: Water Hardness 0-24.99 mg/l

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No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.01	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY